

AFFIDAVIT OF SERVICE

UNITED STATES DISTRICT COURT
For the
NORTHERN DISTRICT OF NEW YORK

Ivan Antonyuk et al

Plaintiff,

-vs-

Kathleen Hochul, in her official capacity as Governor of New York et al

Defendant.

Civil Action No 1:22-cv-986
(GTS/CFH)
Filed: 9-20-22

STATE OF NEW YORK, COUNTY OF ONONDAGA SS: The undersigned, being duly sworn, deposes and says, deponent is not a party herein, is over 18 years of age and resides in NYS. That on 9-22-22 at alt address: City of Syracuse Dept of Law 233 E Washington St Ste 300 Syracuse NY 13202 at 2:41pm Deponent did serve the within SUMMONS IN A CIVIL ACTION, NOTICE OF GENERAL ORDER and COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF Exhibits 1-9 on Joe Cecile Chief of Police of Syracuse Police Department therein named.

Individual

1. ☐ By delivering a true copy of each to said defendant personally; deponent knew the person so served to be the person described as said defendant therein.

Corporation

2. ☐ By delivering thereat a true copy of each to ☐ personally, deponent knew so served to be authorized to accept service

Suitable age person

3. ☐ By delivering thereat a true copy of each to Sarah M Knickbocker Asst Corporation Counsel a person of suitable age and discretion. Said premises is —actual place of business— within the state.

Affixing to door, ETC.

4. ☐ By affixing a true copy of each to the door of the premises, by thumbtacking, which is defendant's —dwelling place—usual place of abode—within the state.(Address confirmed by-) Deponent was unable, with due diligence to find defendant or a person of suitable age and discretion thereat, having called there

Civil Action #

5. ☐ Index No and date of filing was endorsed thereon.

Mailing

6. ☐ On deponent enclosed a copy of the same in a postpaid, sealed envelope, first class mail, properly addressed to defendant and mailed to the defendant at the defendant's last known address at ☐ and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State. The envelope bore the legend "Personal and Confidential" and did not indicate on the outside thereof, by return address or otherwise, that the communication was from an attorney or concerned an action against the defendant. (If certified, # ☐)

Description

7. ☐ A description of the defendant or the person served, or person spoken to, on behalf of the defendant is as follows:

Sex	Fem	Hair Color	Brown	Approx. Weight	135	Other Features	glasses
Skin Color	wht	Approx. Height	5'7	Approx. Age	35		

Other Information:

Subpoena Fee

8. ☐ At the time of said service, deponent paid (tendered) in advance ☐ the authorized traveling expense and one day's witness fee.

Military Service

9. ☐ I asked the person spoken to, whether defendant was in active military service of the United States or of the State of New York in any capacity whatever and received a **negative** reply. The source of my information and the grounds of my belief are the conversations and observations above narrated. Upon information and belief I aver that the recipient is not in military service of New York State or the United States as that term is defined in either the state or in the Federal statutes.

Sworn to before me on 22nd day of SEPT 2022

Kathleen M. Falanga
Notary Public-

BY Michael Higgins
E.C.M. SERVICES - MICHELE HIGGINS
E-Mail ecmservices@vplp.net
Ellen Cummings MacFarland- Owner
10415 Bayshore Drive
Adams New York 13605
Cell 315 778 3311

KATHLEEN M. FALANGA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FA4693695
Qualified in Onondaga County
My Commission Expires February 28, 2026

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STATE OF NEW YORK, COUNTY OF ONONDAGA SS: The undersigned, being duly sworn, deposes and says, deponent is not a party herein, is over 18 years of age and resides in NYS. That on 9-22-22 at 511 S State St Syracuse NY 13202 at 1:10 pm Deponent did NOT serve the within SUMMONS IN A CIVIL ACTION, NOTICE OF GENERAL ORDER and COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF Exhibits 1-9 on Joe Cecile Chief of Police of Syracuse Police Department therein named. **This service at this address was refused**

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Sex	<input type="checkbox"/>	Hair Color	<input type="checkbox"/>	Approx. Weight	<input type="checkbox"/>	Other Features	<input type="checkbox"/>
Skin Color	<input type="checkbox"/>	Approx. Height	<input type="checkbox"/>	Approx. Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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